

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71090	2/7/01
O.I.P.E. CLASSIFIER	12	71090	2/7/01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

Best Available Copy

INDEX OF CLAIMS

- ✓ Rejected
- = Allowed
- (Through numeral)..... Canceled
- ÷ Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

12/2/03
12/18/04

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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If more than 150 claims or 10 actions
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